

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1950

State File No. **5484**

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 227	
1. PLACE OF DEATH a. COUNTY MONTEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MORGAN			
b. CITY (If outside corporate limits, write RURAL and give township) CALIFORNIA		c. LENGTH OF STAY (In this place) 2 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OSAGE TOWNSHIP RURAL		071	
d. FULL NAME OF HOSPITAL OR INSTITUTION PROSPECT				d. STREET ADDRESS (If rural, give location) 6 M. S.W. VERSAILLES, MO.			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) LEONARD		c. (Last) STAPP		4. DATE OF DEATH (Month) (Day) (Year) JAN. 9 1950	
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 20, 1924		9. AGE (In years last birthday) 25 Months 2 Days 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) MILWAUKEE CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROE STAPP		13b. MOTHER'S MAIDEN NAME LOU DIXON		14. NAME OF HUSBAND OR WIFE MURTEL STAPP			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 492-26-2849		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MURTEL STAPP VERSAILLES, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary tuberculosis INTERVAL BETWEEN ONSET AND DEATH 2 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NO 2X							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 5, 1950 to Jan 9, 1950 , that I last saw the deceased alive on Jan 5, 1950 , and that death occurred at 10 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. J. Benjamin S.O.		23b. ADDRESS California, Mo		23c. DATE SIGNED 1/10/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Jan. 9-1950		24c. NAME OF CEMETERY OR CREMATORY RICHIE		24d. LOCATION (City, town, or county) (State) VERSAILLES, MO.	
DATE REC'D BY LOCAL REG. 1-10-50		REGISTRAR'S SIGNATURE H.R. Popsyoy		25. FUNERAL DIRECTOR'S SIGNATURE W.F. Kimmel		ADDRESS Versailles, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

-----District File Number-----

District Health Officer No. 9,

RECEIVED FEB 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-----

Student Embalmer No. -----

working under my personal supervision.

Student

Student Embalmer

Signed

Raymond C. Forher

Licensed Embalmer No. *4626*

P. O. Address *Terrells, mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.